



# Congressman Bill Jenkins

## Flag Request Form

### Person Requesting Flag

Name:

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If other then above flag should be sent to:

Name:

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Number and Type of Flag

Quantity	Flag Size	Cost	Flying Fee	Mailing Fee	Total
_____	3X5 Nylon	\$9.49	\$4.05	\$3.00	<b>\$16.54</b>
_____	3X5 Cotton	\$10.29	\$4.05	\$3.00	<b>\$17.34</b>
_____	4X6 Nylon	\$14.62	\$4.05	\$3.00	<b>\$21.62</b>
_____	5X8 Nylon	\$21.75	\$4.05	\$3.00	<b>\$28.80</b>
_____	5X8 Cotton	\$22.71	\$4.05	\$3.00	<b>\$29.76</b>

Date to be Flown:

Person/Organization to be flown for:

On the occasion of:

Date flag is needed by:

Is this flag for a non-profit organization? Yes \_\_\_\_\_ No \_\_\_\_\_

Checks **MUST** be made payable to: **Congressman Bill Jenkins Office Supply Account**

Send form and check to: 1708 Longworth HOB, Washington, DC 20515 Attn: Flags

Flag No. \_\_\_\_\_

Rec'd \_\_\_\_\_

Delivered/Sent \_\_\_\_\_